



Medication Authorization Form

Name of Scout (Last, First):	Age:	Date of Birth:
Drug Allergies: Please List All Drug Allergies		
<p>AUTHORIZATION: READ CAREFULLY. I hereby authorize any registered adult leader of Boy Scout Troop 298 ("Leader") to dispense to my above named son the medicines indicated below. Unless stated otherwise in the limitations/special instructions sections below, these medicines may be administered in the discretion of a Leader for causes or conditions indicated on the labeling for the product, in the dosages stated on the labeling for a boy of the age/size of my son.</p>		

MEDICATIONS: List all medications currently used. Inhalers and Epi Pen information must be included, even if they are for occasional or emergency use only.

You SHOULD NOT STOP taking any maintenance medication.

Medication	Dosage	Frequency	Reason For	Special Instructions

NOTE: This form and medications in original containers should be placed in a gallon ziplock bag so that this form is visible.

I hereby certify that I have read and understand this document and that I have the authority as parent or guardian of the above minor to authorize the giving of medication to him.

Printed
 Name: _____ Signature: _____ Date: _____